

Rev. 3/19

UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON

Jamall S. Baker

*Plaintiff's full name and prisoner number*

Plaintiff,

v.

Case No. 3:24-cv-5893-JLR-DWC  
(leave blank – for court staff only)

Renee Pyburn

Tim Lang For Wash. Dept of Corr.

Department of Corrections

*Defendant's/defendants' full name(s)*

**PRISONER CIVIL RIGHTS  
COMPLAINT**

Defendant(s).

Jury Demand?  
☒ Yes  
☐ No

(If you cannot fit all of the defendants' names in the space provided, please write "see attached" in the space above and attach additional sheets of paper, as necessary, with the full list of names. The names listed here must be identical to those in Section II. Do not include addresses here. **Individuals whose names are not included in this section will not be considered defendants in this action.**)

**WARNINGS**

1. Do not use this form if you are challenging the validity of your criminal conviction or your criminal sentence. If you are challenging your conviction or sentence, or if you are seeking restoration of good-time credits that would shorten your sentence, you must file a Petition for Writ of Habeas Corpus. If you use this form to challenge your conviction or sentence, you risk having your claim dismissed. Separate forms are available for filing a habeas petition.
2. Under the Prison Litigation Reform Act ("PLRA"), you are required to exhaust all remedies in your institution's grievance system that are available to you before filing suit. This generally means that you must file a grievance and, if it is denied, appeal it through all available levels of review. Your case may be dismissed if you fail to exhaust administrative remedies, unless the administrative grievance process was not "available" to you within the meaning of the PLRA. You are not required to plead or show that you have exhausted your claim in this complaint.

3. Please review your complaint carefully before filing. If your case is dismissed, it may affect your ability to file future civil actions while incarcerated without prepaying the full filing fee. Under the PLRA, a prisoner who has had three or more civil actions or appeals dismissed as frivolous, malicious, or for failure to state a claim cannot file a new action without first paying the full filing fee, unless the prisoner is in imminent danger of serious bodily injury.

4. Under Federal Rule of Civil Procedure 5.2, papers filed with the court, including exhibits or attachments to a complaint, may not contain certain information, which must be modified as follows:

Do not include:

- a full social security number
- a full birth date
- the full name of a minor
- a complete financial account number

Instead, use:

- the last four digits
- the birth year
- the minor's initials
- the last four digits

5. You may, but do not need to, send exhibits, affidavits, grievances, witness statements, or any other materials to the Clerk's Office with this complaint. Any documents you submit *must relate directly to the claims you raise in this lawsuit*. They will become part of the court record and *will not be returned to you*.

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## I. PLAINTIFF INFORMATION

Baker Jamall S

Name (Last, First, MI)

Aliases/Formal Names

338926

Prisoner ID #

Monroe Correction Complex-Sky River Treatment Center

Place of Detention

PO Box 514 Monroe, WA 98272

Institutional Address

Monroe

WA

98272

County, City

State

Zip Code

*Indicate your status:*

☐ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☒ XXXX

Convicted and sentenced state prisoner

☐

Convicted and sentenced federal prisoner

**II. DEFENDANT INFORMATION**

*Please list the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint. Make sure that the defendant(s) listed below are identical to those contained in the caption on the first page of the complaint. Attach additional sheets of paper as necessary.*

Defendant 1:	<u>Pyburn, Renee Psychiatric Provider</u> Name (Last, First) <u>Psychiatric Provider</u> Current Job Title <u>Unknown</u> Current Work Address  <table border="0" style="width: 100%;"> <tr> <td style="width: 40%;"><u>County, City</u></td> <td style="width: 20%;"><u>State</u></td> <td style="width: 40%;"><u>Zip Code</u></td> </tr> </table>	<u>County, City</u>	<u>State</u>	<u>Zip Code</u>			
<u>County, City</u>	<u>State</u>	<u>Zip Code</u>					
Defendant 2:	<u>Tim Lang For State of Washington DOC</u> Name (Last, First) <u>Secretary of Department of Corrections</u> Current Job Title <u>Department of Corrections</u> Current Work Address <table border="0" style="width: 100%;"> <tr> <td style="width: 40%;"><u>Thurston, Olympia</u></td> <td style="width: 20%;"><u>WA</u></td> <td style="width: 40%;"><u>98504</u></td> </tr> <tr> <td><u>County, City</u></td> <td><u>State</u></td> <td><u>Zip Code</u></td> </tr> </table>	<u>Thurston, Olympia</u>	<u>WA</u>	<u>98504</u>	<u>County, City</u>	<u>State</u>	<u>Zip Code</u>
<u>Thurston, Olympia</u>	<u>WA</u>	<u>98504</u>					
<u>County, City</u>	<u>State</u>	<u>Zip Code</u>					
Defendant 3:	<u>State of Washington-Department of Corrections</u> Name (Last, First)  <u>Current Job Title</u> <u>State of Washington</u> Current Work Address  <table border="0" style="width: 100%;"> <tr> <td style="width: 40%;"><u>County, City</u></td> <td style="width: 20%;"><u>State</u></td> <td style="width: 40%;"><u>Zip Code</u></td> </tr> </table>	<u>County, City</u>	<u>State</u>	<u>Zip Code</u>			
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### III. STATEMENT OF CLAIM(S)

*In this section, you must explain what you believe each defendant did to violate your civil rights, and if you know, identify the federal statutory or constitutional right you believe was violated.*

*If you believe the defendant(s) violated your civil rights in more than one way, explain each violation under a different count. For example, if you believe you received constitutionally inadequate medical care and your religious rights were substantially burdened, include one claim under "Count I" (i.e., medical) and the other claim under "Count II" (i.e., religion).*

*Number your paragraphs. For example, in Count I, paragraphs should be numbered 1.1, 1.2, 1.3, etc., and in Count II, paragraphs should be numbered 2.1, 2.2, 2.3, etc. The first two paragraphs of each Count have been numbered for you.*

*If you have more than three counts, attach additional pages and follow the same format for each count.*

*If you attach documents to support the facts of your claim(s), you must specify which portion of the document(s) (i.e., page and paragraph) you are relying on to support the specific fact(s) of your claim(s). If you do not specify the portion of the supporting document(s), the Court may disregard your document(s).*

#### COUNT I

*Identify the first right you believe was violated and by whom:*

1.1 Deliberate Indifference To serious Medical Need, Failure To

Provide Medically Necessary Care or refer to specialist:

Renee Pyburn

*State the facts of your first claim below. Include all the facts you consider important. Be specific about dates, times, locations, and the names of the people involved. Describe exactly what each specific defendant did or failed to do that caused you injury or violated your rights, and include any other facts that show why you believe what happened was wrong. If you need additional space, you may attach extra sheets.*

1.2 Continuing Injury: In the year 2021 it was confirmed that  
I have an Anoxic brain Injury. The Washington State Department  
of Corrections were aware of the brain injury but concealed it  
from me. Throughout my incarceration I have complained to

medical (mental health) staff of poor impulse control, memory issues, noise sensitivity, and concentration issues among other things. On December 1, 2021, I submitted a medical kite complaining of the above stated issues. The medical kite went unanswered. I sent it to mental health as I'm under the impression that mental health deals with brain injuries. On February 3, 2022, I submitted yet another medical kite to mental health complaining of emotional regulation issue, concentration issues, and memory issues. Again, this medical kite also went unanswered. I continued to complain to mental health staff as I do today regarding my struggles related to the brain injury in which I suffer. All to no avail. In 2023, I began to work with Renee Pyburn who informed me that the Department does not treat or have a protocol to treat individuals with brain injuries. She did however acknowledge some of the issues I complained of regarding the brain injury. She agreed to treat my impulse and emotional regulation issues with a drug called wellbutrin. I informed her that before I began taking the medication I would (see attached 6(b))

*State with specificity the injury, harm, or damages you believe you suffered as a result of the events you described above in Count I. Continue to number your paragraphs.*

Emotional Damages based on Poor Impulse Control which has led to high blood pressure; stress has led to me binge eating which effects my diabetes, I had to drop college course. My relationships are damaged. It's difficult for me to relate to people and I feel as though I'm an outcast.

want information on the medication. She agreed to provide the information. A week or so later she came back and stated that based on the Department not having a protocol to treat my type of brain injury, she could not prescribe the medication she believed would help me with my brain injury. Instead she prescribed a blood pressure medication that she stated would lower my blood pressure in a way that might be able to help me concentrate. Shortly after starting the medication I noticed that it was actually sedating me and based on my being a College Student I could not continue to take the medication as it was interfering with my ability to study, and I actually had to drop the course as a result of the medication interference with studying.

In a response to grievance log id 22769639, Psychologist Aziz, Chief of Psychology without consulting a Neurologist determined that my symptoms could not be treated with medical or pharmaceuticals interventions.

To this date the Department has continued to not treat my brain injury.

On 8/19/2023 I submitted a medical kite to Renee Pyburn. She never answered the medical kite.

On 8/20/2024, Provider Serrami witnessed me become extremely impulsive over a minute issue and realized that I am affected by the brain injury. She referred me for a neurology consult, but medical denied it. I appealed on 10/22/2024 and to this date the Care Review Committee has not answered my appeal.

I continue to complain of severe poor impulse control, concentration and memory issues, to include noise sensitivity issues. The Department has acknowledged the brain injury has caused me to have noise sensitivity issues and granted my ADA request to have noise cancellation headphones, but the DOC and/or its agents will not address my impulse, concentration, or memory issues. These symptoms are destroying my life and making it difficult to maintain relationships.



**COUNT II**

*Identify the second right you believe was violated and by whom:*

2.1 American With Disabilities Act Title II of ADA, 42 U.S.C.

§ 12132

*State the facts of your second claim below. Include all the facts you consider important. Be specific about dates, times, locations, and the names of the people involved. Describe exactly what each specific defendant did or failed to do that caused you injury or violated your rights, and include any other facts that show why you believe what happened was wrong. If you need additional space, you may attach extra sheets.*

2.2 I am an individual with a disability; I have an anoxic brain injury that limits my daily functioning. Based on my disability, I am qualified to participate in or receive the benefit of "medical treatment and rehabilitation for my brain injury, education classes. I have been excluded from participation in rehabilitation and pharmaceutical intervention (medical services for my brain injury; in this way the Department of Corrections has discriminated against me. The exclusion, denial of benefits, and discrimination is based on my disability, because the Department does not have a protocol to treat Anoxic Brain Injuries. I have an anoxic brain injury that makes it difficult for me to maintain my emotions, control impulses, and affects my memory. I have an extremely difficult communicating, staying focussed on task, thinking, reading, concentrating. My brain injury is documented with the Department of Corrections and the ARC has determined that because of my brain injury I should have noise cancellation headphones, but the department will not address the issue that affect my daily functioning while attempting to rehabilitate myself.

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*State with specificity the injury, harm, or damages you believe you suffered as a result of the events you described above in Count II. Continue to number your paragraphs.*

Emotional Damages: My relationships are affected because of poor impulse control. I can not rehabilitate myself effectively because I cannot concentrate and have a difficult focussing. I am being discriminated against because I have a brain injury that a psychologist cannot treat, yet they won't send me out to a neurologist for a treatment plan.

### **COUNT III**

*Identify the third right you believe was violated and by whom:*

3.1 State Law Medical Malpractice: For Negligence

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*State the facts of your third claim below. Include all the facts you consider important. Be specific about dates, times, locations, and the names of the people involved. Describe exactly what each specific defendant did or failed to do that caused you injury or violated your rights, and include any other facts that show why you believe what happened was wrong. If you need additional space, you may attach extra sheets.*

3.2 At all times relevant to this action Renee Pyburn was a licensed medical provider, and was duly licensed to practice within the State of Washington and held herself out as one capable and proficient in dianosis and treatment of sick and ailing people, and those in need of medical care within the Department of Corrections. Tim Lang is Secratary of the DOC for the State of Washington. At all times stated below, the defendants, his/her agents, servants and/or



employees undertook and agreed to render medical care to the plaintiff Jamall Baker. Defendant Pyrum was negligent in the care rendered for and on behalf of plaintiff, in negligently failing and neglecting to use reasonable care in the services and care rendered for and on behalf of the injured plaintiff, in negligently departing from accepted practices in the services rendered for and on behalf of plaintiff, in failing to to perform indicated procedures in a proper manner, in failing to treat plaintiff's brain injury after being made aware of it. The defendants, their agents, servants, and/or employees were otherwise careless, reckless and negligent under the circumstances then and there existing. That the forgoing occurrences was caused solely and wholly as a result of the negligence of the defendants, their agents, servants, and employees, without any negligence on the part of the plaintiff contributing thereto. As a result of the forgoing, the plaintiff, Jamall Baker was rendered was rendered disable, suffered injuries, pain and mental anguish, was compelled to seek medical care, incurred expenses, and was permanently injured and disabled. Defendants State of Washington are aware of plaintiff Jamall Baker's Anoxic Brain injury, but will not treat him or even consult with a Qualified Neurologist to learn ways to treat him.

*State with specificity the injury, harm, or damages you believe you suffered as a result of the events you described above in Count III. Continue to number your paragraphs.*

Mental anguish, emotion damages, loss of relationships, failure to complete college work.

The symptoms of my brain injury has gotten worst and are getting worst without treatment.

I can be treated, but the Department will not allow for treatment to occur.

I am suffering psychologically which affect my bloodpressure and diabetes.

#### IV. RELIEF

*State exactly what you want the Court to do for you. For example, you may be seeking money damages from an individual defendant, you may want the Court to order a defendant to do something or to stop doing something, or you may want both kinds of relief. Make no legal arguments. Cite no cases or statutes.*

Award compensatory, punitive, general, injunctive relief, and grant relief appropriate for  
the ADA violations. My damages request are totaled at \$250,000.00

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#### V. SIGNATURE

*By signing this complaint, you represent to the Court that you believe the facts alleged to be true to the best of your knowledge, that you believe those facts show a violation of law, and that you are not filing this complaint to harass another person or for any other improper purpose.*

1/24/2025

Dated

  
Plaintiff's Signature